Association of State and Territorial Health Officials

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September 29, 2017

Ajit Pai, JD
Commissioner
Federal Communications Commission
445 12th Street SW
Washington, D.C. 20554

Re: Request for Comment – Actions to Accelerate Adoption and Accessibility of Broadband Enabled Health Care Solutions and Advanced Technologies (GN Docket No. 16-46, FCC 17-46)

Dear Commissioner Pai,

The Association of State and Territorial Health Officials (ASTHO) is pleased to submit comments regarding the adoption and accessibility of broadband-enabled healthcare solutions to the Federal Communications Commission (FCC) and its Connect2Health Task Force. We appreciate the FCC's commitment to improving health outcomes for all Americans through the use of technology, including those living in rural areas.

ASTHO is the national nonprofit organization representing the state and territorial public health agencies (S/THAs) of the United States, the U.S. Territories, and the District of Columbia. ASTHO's members, the chief health officials of S/THAs, are dedicated to formulating and influencing sound public health policy, and to assuring excellence in state-based public health practice. S/THAs play a critical part in improving population health in their jurisdictions by assessing community needs; designing, implementing, and evaluating programs that prevent or mitigate disease or injury; working to reduce health disparities; identifying best practices; and convening and collaborating with stakeholders and communities.

ASTHO and its members appreciate the opportunity to provide information and feedback on issues relating to broadband access, given the implications for Americans living in rural or underserved areas and the significant health disparities that they face.[1] Americans living in rural areas tend to be older, sicker, and poorer than their urban counterparts and are at a higher risk of mortality from the top five leading causes of death—heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke—compared to urban Americans.[2] A number of behavioral, social, and geographic factors contribute to these health disparities and the rural-urban mortality gap, including higher rates of tobacco use, lack of physical activity, poorer diets, barriers to accessing healthcare services, lack of specialty care, and limited transportation options.[3,4] In addition to the social determinants of health and other barriers listed, the lack of broadband access may be a compounding factor, as consumers increasingly look to the internet and other technology to facilitate employment, education, and seeking information on health and other resources. In fact, HealthyPeople 2020 includes access to mass media and emerging technologies (e.g., cell phones, the internet, and social media) as a social determinant of health.[5]

As such, ASTHO applauds the FCC for its work in mapping broadband access and health outcomes (e.g., physician shortages, obesity, and diabetes) across the U.S. to help public and private partners identify these disparities and devise strategies to address them. ASTHO will work to share these maps with its members to inform their collaborations with health systems and local health departments, as well as partnerships at the state level with sister agencies working on technology and communications. Leveraging this data and further exploring disparities in behavioral health (e.g., overdose reports and behavioral health workforce) will add to the value of these tools, as they could be used in addressing the opioid epidemic and identifying areas to target for telepsychiatry or other related programs. For example, North Carolina, South Carolina, and Washington state have each created statewide telepsychiatry programs that are expanding access to behavioral health services with significant advances in health outcomes and cost savings.[i,6]

ASTHO recognizes that the current health system is undergoing a rapid transformation, both in terms of how healthcare is delivered and paid for and how information is exchanged between healthcare organizations, health providers, public health agencies and practitioners, researchers, communities, patients, and health consumers. S/THAs themselves are looking for ways to innovate and improve their programs and service delivery to improve population health outcomes in their jurisdictions. Many of these innovations require the availability of broadband to enable timely information exchange between healthcare providers and public health agencies in electronic case reporting (eCR) for reportable conditions and bidirectional exchange of data so that clinicians can be more informed about population health, environmental risks, and outbreaks. For example, ASTHO is a partner in the Digital Bridge, a partnership of healthcare, health information technology vendors, and public health organizations designing a multi-jurisdictional approach to eCR that can be used consistently nationwide. This collaboration and others like it supporting health information exchange as part of private or public investments over the past decade (e.g., Health Information Technology for Economic and Clinical Health Act) require sufficient broadband by both public health agencies and healthcare practitioners to reach fruition.

Beyond greater health information exchange, S/THAs are also looking to telehealth to increase access to preventive and specialty care, address health disparities affecting vulnerable populations, and save costs, particularly for rural and underserved areas. S/THAs can lead multiple telehealth activities statewide ranging from the development of policies and strategic planning efforts to pilot testing and implementing telehealth in service delivery. Examples include:

- The Alabama Department of Public Health began pursuing telehealth activities in 2014, building on its long-time technical expertise with video production, distance learning, and video conferencing for the public health workforce. In 2015, it started the Public Health Telehealth Network, which now has 21 sites and six telehealth healthcare provider partners. The network provides services for HIV/AIDS, mental health counseling, sexually transmitted disease

[i] The North Carolina Statewide Telepsychiatry program has supported over 25,000 psychiatry assessments in emergency departments (ED), resulting in a decreased average patient length of stay and increased overturn of involuntary commitments. The program has generated an estimated cost savings for state psychiatric facilities of over $13.2 million. Additional return on investment is anticipated through improved economic outcomes, such as fewer missed work days, reduced healthcare costs and burden on ED staff, and lower premature morbidity and mortality.

interviews with clients, nephrology monthly appointments for home dialysis clients, and nephrology consultations.

- The Alaska Native Tribal Health Consortium created the Alaska Federal Health Care Network Access Network in the late 1990s. This network included member organizations ranging from tribal entities, the Veterans Administration, Department of Defense, U.S. Coast Guard, and Alaska Division of Public Health. These organizations have more than 200 healthcare sites across the state. This infrastructure allows the program to deliver care to regional primary care sites and a wide variety of specialty services. It also works with Alaska's robust Community Health Aide program, which certifies Alaska Native people as community health aides and practitioners, dental health aides, and behavioral health aides.
- The Georgia Department of Public Health's (GADPH) Office of Telehealth and Telemedicine, in partnership with local county health departments, created a number of telehealth and telemedicine programs to improve health access, address workforce shortages, and reduce health disparities across its large, rural state. Leveraging grant funding from state, federal, and private sources, GADPH obtained telemedicine carts, each equipped with a stethoscope, otoscope, and general exam camera, which it deploys in local public health settings to connect clients to public health and healthcare services via videoconference. Currently, all 159 counties in the state have access to telehealth through their local county health departments. The department manages more than 400 endpoints throughout the state.

These three states represent just a few examples of ongoing telehealth programs hosted by or in partnership with S/THAs. Additional details on these programs and other S/THA examples can be found in ASTHO's Telehealth Resource Guide, ranging from sexual assault nursing programs, telepsychiatry, genetic disease screening, virtual dental homes, and telestroke programs.

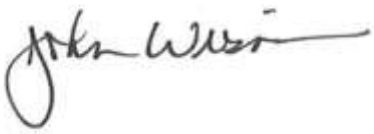
Through ASTHO's collaboration with S/THAs on telehealth, broadband access has been identified as a challenge and need in multiple states. With limited broadband service providers, it can be difficult to find quality, reliable service in rural areas. In addition to the shortage of broadband providers, general service availability in rural areas is even scarcer and there are substantial up-front costs to establish the infrastructure and modify buildings to be able to handle broadband. Several state telehealth programs profiled in the Resource Guide have utilized FCC funding to support broadband infrastructure through the Rural Health Care Program (RHC) and Healthcare Connect Fund. These rebate funds have been critical to supporting telehealth pilots and sites in rural areas, particularly as state funding to support the other implementation needs (e.g., telehealth device costs, staffing, etc.) may be limited already. For example, GADPH's costs for its dedicated telehealth circuits could easily double, if not triple, without funding from the RHC program to support broadband connections. Without the ninety percent rebate from the RHC, the program would need a $2.4 million operating budget to manage the circuits and infrastructure in full. If funding was no longer available, GADPH will face tough decisions and likely re-evaluate the number of telehealth sites statewide. This would also significantly hinder the specialty services they are able to provide in some of Georgia's most rural counties who are already limited on providers. Therefore, continued and sustained funding for the RHC is critical to S/THAs who are addressing health disparities through these telehealth networks. Furthermore, additional updates to the program to ensure that all rural Medicare and Medicaid telehealth sites are eligible for discounted rates will support greater adoption of telehealth.

Broadband and wireless connectivity also facilitate connections for telehealth in sites outside of traditional healthcare facilities and public health clinics, such as schools, workplaces, libraries, community centers, and homes. Providing services in the areas that people live, work, learn, play, and worship further reduces barriers to care and limits disruption in work and school days. As state Medicaid programs are increasingly reimbursing for services delivered in these locations (e.g., 23 states authorize Medicaid reimbursement for services provided in schools and 40 states recognize the home as an originating site for telehealth), broadband will need to keep up pace.[7] Thus, it is our recommendation that the FCC use the Lifeline program for essential communications services in the home and look to expand broadband in other areas beyond traditional health facilities as well. However, ASTHO encourages the FCC to consider ways to devise oversight policies that help ensure support is given to the consumers who need it the most, while reducing inefficiencies and maximizing the impact.

The public health clinics and local health departments with which S/THAs collaborate also require high speed internet access. Our members have reported that having unreliable access to high speed broadband limits their ability to hold virtual staff meetings via video conference or receive trainings online with clinics or local health departments, which makes small clinics serving rural or frontier populations feel isolated and can increase staff turnover. Moreoever, front office staff find it difficult to perform basic computer functions due to insufficient internet access, including opening attachments or entering, accessing, or transmitting clinical data. These day-to-day realities pose a challenge for modernizing and innovating public health programs and service delivery, making progress in health information exchange, and establishing and maintaining cross-sector partnerships to collaborate on initiatives to improve population health. Furthermore, state and local public health agencies are critical partners in emergency preparedness efforts and should have similar resources as other first responders in order to effectively respond to crises as they arise and coordinate with partners via telecommunications.

In conclusion, we believe that increased access to broadband is necessary for the transforming health system and for addressing rural health issues that present great challenges for this country. We appreciate the FCC's engagement on these topics and interest in hearing from a diverse group of stakeholders. Should you require additional information, please contact Emily Moore, Senior Analyst, Health Transformation, emoore@astho.org or 202-371-9090 ext. 5493. We look forward to continued collaboration and dialogue.

Sincerely,



John Wiesman, DrPH, MPH
ASTHO President
Secretary of Health, Washington State Department of Health

cc: Michael R. Fraser, PhD, MS, CAE, FCPP
ASTHO Executive Director

Submitted electronically at: http://apps.fcc.gov/ecfs (cc: connect2health@fcc.gov)

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[3] Ibid.
[4] Moy E, Garcia MC, Bastian B, *et al*. "Leading causes of death in nonmetropolitan and metropolitan areas – United States, 1999-2014." *MMWR Surveill Summ*. 2017. 66(No. SS-1):1-8. Available at https://www.cdc.gov/mmwr/volumes/66/ss/ss6601a1.htm?s_cid=ss6601a1_w. Accessed 6-5-2017.
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